



Change of Program/Curriculum

Name: _____ Manor ID # A00000 _____

Manor Email: _____ Contact Number: _____ Expected Grad Date: _____

Allied Health Division

Arts & Sciences Division:

Business & Technology Division:

Education & Professional Studies Division:

Associate Degree:

- Dental Hygiene
- EFDA
- Veterinary Technology

Associate Degree:

- Liberal Arts
- Paralegal
- Psychology
- Pre-Nursing
- Pre-Radiologic Science
- Pre-Science

Associate Degree:

- Accounting
- Business Administration
- Computer & Information Systems
- Computer Science
- Healthcare Administration
- Management
- Marketing
- Sport & Recreational Mgt.

Associate Degree:

- Criminal Justice
- Early Childhood Education

Bachelor Degree:

- Health Services- Dental Hygiene
- Health Services- EFDA
- Health Services- Health Sciences

Bachelor Degree:

- Business Analytics
- Computer & Information Systems
- General Management
- General Business Administration
- Health Care Management
- Sport Management
- Veterinary Practice Management

Bachelor Degree:

- Childcare Administration
- Child Development
- Criminal Justice Administration
- Juvenile Justice
- Public Policy
- Law Enforcement
- Liberal Studies- Child Development Entrepreneurship Pre-Law

Current Program:

Desired Program:

REASON: _____

Student Signature: _____ Date: _____

Current Advisor/Program Director Signature: _____ New Advisor/Program Director Signature: _____

Bursar Approval: _____ Financial Aid: _____

Please complete this form, obtain signatures & submit to the Registrar's Office. All Change of Program requests must be made prior to add/drop. Students may see program changes reflected on the Student Portal.

Transcripts Re-evaluated: _____ Degree Audit Assigned: _____ Processed / Scanned & Attached: _____